

2004 KASPER SATISFACTION SURVEY

Executive Summary

Reducing the Diversion of
Scheduled Prescription
Medications in the
Commonwealth of Kentucky



2004 KASPER SATISFACTION SURVEY

Executive Summary

Kentucky Cabinet for Health and Family Services
Office of the Inspector General
275 E. Main Street, 6EA
Frankfort, Kentucky 40621

Prepared by:
Neal Rosenblatt
KASPER Project Epidemiologist
(502) 564-0105 Extension 10460

Contact:
David R. Hopkins
Hal Rogers Grant Project Manager
(502) 564-1012 Extension 3162

Table of Contents

2004 KASPER SATISFACTION SURVEY	2
1. <i>BACKGROUND</i>	2
2. <i>METHODS</i>	2
3. <i>RESULTS</i>	2
3.1. <i>Summary</i>	2
3.1.1. KASPER Use	3
3.1.2. KASPER Effectiveness	3
3.1.3. KASPER Efficiency	4
3.1.4. KASPER Demographics	4
4. <i>CONCLUSIONS</i>	5
4.1. <i>Summary</i>	5
4.1.1. KASPER Use	5
4.1.2. KASPER Effectiveness	5
4.1.3. KASPER Efficiency	5
4.1.4. KASPER Demographics	5
5. <i>FUTURE SURVEY PLANS</i>	6
5.1. <i>2006 Satisfaction Survey</i>	6
5.2. <i>Web Based Surveys</i>	6

Executive Summary

2004 KASPER Satisfaction Survey

1. Background

The Kentucky All Schedule Prescription Electronic Reporting (KASPER) system is Kentucky's Prescription Monitoring Program (PMP). KASPER has experienced many enhancements since its development in 1999. It was designed to be a source of information for practitioners and pharmacists and as an investigative tool for law enforcement. Requests for reports have continued to grow from 3,105 requests processed in the first six months of operation to 122,469 requests in 2004. In October 2004 a survey was launched to gather the opinions of the KASPER user community to assess user satisfaction and to evaluate the usefulness, effectiveness and efficiency of KASPER as a tool for practitioners, pharmacists and law enforcement personnel in the fight to prevent the diversion of prescription medications. Survey implementation was concluded in June 2005. Results from the survey are being used to create recommendations for enhancements to the KASPER system and for the development of educational materials to address the needs of the user community.

2. Methods

The 2004 KASPER Satisfaction Survey was designed to address objectives identified for the FY 2004 Prescription Drug Monitoring (Harold Rogers) Program grant. Questions were developed using a key-person interview method to include the eKASPER project manager, program staff, law enforcement personnel, and members of the licensure boards. Survey question construction and format strictly followed the Dillman *Tailored Design Methodology* (Dillman, 1978; 2000). To ensure representation, a stratified random sampling method was employed. The state was divided into six investigative regions. Provider and Requester sample frames were developed. From these sample frames a random sample was drawn and stratified by investigative region. A 95 percent confidence interval was selected with a 5 percent sampling error. An accommodation in sample size was made to ensure a 50/50 split in response variation. From each stratified sample, a systematic sample was then selected and the final survey sample was selected. Survey implementation followed an 8-week sequence from initial mail out to follow up to final mailing.

3. Results

3.1. Summary

The 2004 KASPER Satisfaction Survey was intended to establish baseline data grouped into the categories of KASPER Use, Effectiveness, Efficiency, and Demographics. Although the survey produced an overall 63.2% response rate for both Provider and Requester respondent groups, only the Requester respondent group responses (n = 434) were used for this descriptive analysis, as we were initially interested in respondent comments from those who

actually requested KASPER reports in the period assessed. A 67.7% response rate was achieved among Requester respondents. The full report of survey results contains all the questions and results, and will be used for more detailed analysis of the survey responses. What follows is a key subset of survey questions providing an initial point of reference regarding the survey respondents' view of KASPER. All data is based on responses from a stratified and randomly selected sample of 434 Requestor survey respondents.

3.1.1. KASPER Use

Question A1: "Do you use KASPER to request patient reports?"

Response: 85.5% responded "Yes", 9.2% responded "No" and 5.3% did not respond.

3.1.2. KASPER Effectiveness

Question A2: "In general, to what extent are you satisfied or dissatisfied with the KASPER reporting system?"

Response: 80.9% responded "Very Satisfied" or "Somewhat Satisfied", 6.2% responded "Neutral", Somewhat Dissatisfied" or "Very Dissatisfied", and 12.9% did not respond.

Question A3: "Effectiveness is often defined as producing a desired result. To what extent do you feel KASPER is an effective patient management tool to keep track of your patients' scheduled prescription drug history?"

Response: 83.4% responded "Very Effective" or "Somewhat Effective", 3.5% responded "Neutral", Somewhat Ineffective" or "Very Ineffective", and 13.1% did not respond.

Question B1: "Based on your experience with the KASPER system, how much do you agree or disagree with the following statement? 'KASPER is an excellent tool for identifying potential "doctor shoppers" – patients who visit multiple doctors to get prescriptions for narcotics.'"

Response: 86.2% responded "Strongly Agree" or "Somewhat Agree", 1.6% responded "Neutral", Somewhat Disagree" or "Strongly Disagree", and 12.2% did not respond.

Question B4: "In general, to what degree do you find KASPER patient reports to be accurate or inaccurate?"

Response: 84.3% responded "Very Accurate" or "Somewhat Accurate", 3.5% responded "Neutral", Somewhat Inaccurate" or "Very Inaccurate", and 12.2% did not respond.

Question B5: "In your opinion, do you believe the data from KASPER patient reports reflects the patient's scheduled drug use?"

Response: 75.1% responded “Yes, Always” or “Yes, Usually”, 12.0% responded “Sometimes”, “Seldom”, “Almost Never”, or “Never”, and 12.9% responded “No Opinion” or did not respond.

Question B6: “Do you think that all retail pharmacies are reporting all scheduled drugs they dispense?”

Response: 21.0% responded “Yes”, 17.7% responded “No”, 49.5% responded “Don’t Know” and 11.8% did not respond.

Question B7: “Do you believe that the drug listed on a specific patient report belongs to that patient and only that patient?”

Response: 47.7% responded “Yes”, 14.3% responded “No”, 26.0% responded “Don’t Know” and 12.0% did not respond.

Question C4: “When treating a patient, how important is a KASPER patient report in helping you make your decision about which drug to prescribe?”

Response: 63.4% responded “Very Important” or “Somewhat Important”, 11.9% responded “Neutral”, Somewhat Unimportant” or “Not Important”, and 24.7% did not respond.

3.1.3. KASPER Efficiency

Question A4: “Efficiency is defined as the ability to produce a desired result with a minimum of effort. To what extent do you feel KASPER is an efficient or easy to use patient management tool to keep track of your patients’ prescription drug history?”

Response: 78.4% responded “Very Efficient” or “Somewhat Efficient”, 8.0% responded “Neutral”, Somewhat Inefficient” or “Very Inefficient”, and 13.6% did not respond.

Question C15: “Are KASPER reports easy to understand?”

Response: 80.6% responded “Yes”, 2.3% responded “No”, and 17.1% did not respond.

Question C16: “Do you feel that you require user training to make better use of the KASPER reporting system?”

Response: 7.4% responded “Yes”, 67.3% responded “No”, 16.1% responded “Not Sure” and 9.2% did not respond.

3.1.4. KASPER Demographics

Question D12: “Would you consider your practice to be located in an urban or rural area?”

Response: 46.8% responded “Urban”, 34.8% responded “Rural”, 3.7% responded “Not Sure”, and 14.7 % did not respond.

4. Conclusions

4.1. Summary

Based upon initial review of the survey data, we feel KASPER has been accepted by health care professionals as a legitimate tool to assist them with patient prescription drug treatment. Our initial conclusions as they relate to our baseline data categories are as follows:

4.1.1. KASPER Use

The survey indicated a high level of usage by respondents; however we know that a significant number of physicians and pharmacists are not yet using KASPER. We believe the survey results indicate that once a health care practitioner becomes aware of the capabilities of KASPER, they may realize the usefulness of the system and begin to request reports for their patients when appropriate. This reinforces one of our grant objectives, which is to publicize KASPER to increase the visibility of the system throughout the health care community, and to increase the number of health care practitioners who use the system.

4.1.2. KASPER Effectiveness

Survey results indicate that KASPER users tend to believe the system is an effective tool to assist in treatment, however there appear to be concerns about the quality (and possibly the timeliness) of the data. These are concerns that will be considered as we conduct a more detailed analysis of the survey data.

4.1.3. KASPER Efficiency

Initial analysis would indicate that the KASPER system and KASPER reports are relatively easy to use and require minimal training. However, it appears that we need to improve the overall efficiency of the system. In March 2005 Kentucky implemented a Web based version of the system called Enhanced KASPER (eKASPER). Now that eKASPER has been implemented, we hope to increase the number of practitioners using the Web based system and improve the overall efficiency ratings for the system.

4.1.4. KASPER Demographics

The survey yielded a great deal of demographic data, but we have not yet been able to conduct an in-depth analysis of that data. One concern was whether we would receive

responses from both urban and rural practitioners. It appears that the survey results do represent a cross section of rural as well as urban practitioners. In the future we hope to analyze the data to determine potential problems or trends in geographic regions of the state, which may help us understand where we need to place more emphasis on KASPER usage and training, and in addressing prescription drug abuse and diversion problems.

5. Future Survey Plans

5.1. 2006 Satisfaction Survey

A 2006 KASPER Satisfaction Survey is being planned for users of the eKASPER system. This “next generation” survey will address Prescriber, Dispenser, and Law Enforcement KASPER user populations. The 2006 Satisfaction Survey will apply to the eKASPER system and will allow us to compare satisfaction with the original system versus the Web based system, as well as to obtain user feedback on improvements that we can make to eKASPER.

5.2. Web Based Surveys

In addition to the biannual hardcopy satisfaction survey, we plan to implement the capability to conduct additional surveys using a Web based survey component to be developed and integrated with the eKASPER system. The Web based survey instruments will provide a cost effective method for obtaining more frequent user feedback on the KASPER system and program, and will also provide a method for obtaining rapid, focused feedback related to specific issues or topics concerning KASPER or prescription drug abuse and diversion in the commonwealth.